

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24236

STATE FILE NUMBER

FILED AUG 10 1956

46611-56

Registration District No.

164

Primary Registration District No.

3032

Registrar's No.

98

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg,</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				c. CITY OR TOWN <u>Warrensburg,</u> 05120 Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home 600W. McGoodwin St.</u> Length of stay in lb <u>8hrs.</u>				d. STREET ADDRESS (If outside, give location) <u>600 West McGoodwin St.</u> Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. NAME OF DECEASED (Type or print) First <u>Infant,</u> Middle <u>Girl</u> Last <u>Davis,</u>				4. DATE OF DEATH Month <u>July</u> Day <u>26th.</u> Year <u>1956</u> <u>8 hours</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <u>Single</u>		8. DATE OF BIRTH <u>July 26th. 1956</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant,</u>				9b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		9c. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u> Hours <u>8</u> Min. <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant,</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>			
11. BIRTHPLACE (City and state or country) <u>Warrensburg, Johnson Co.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Harold Davis,</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Ophelia Johnson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT <u>Mr. Prince Johnson, Warrensburg, Mo.</u>				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>prematurity</u> DUE TO (b) <u>not known</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>776 x</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		Month _____ Day _____ Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>7-26-1956</u> to <u>7-26-1956</u> and last saw her alive on <u>7-26-56</u> Death occurred at <u>10:45AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D</u>				22b. ADDRESS <u>M.D. Warrensburg, Missouri</u>		22c. DATE SIGNED <u>7-27-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-27-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery,</u>		23d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>	
24. FUNERAL DIRECTOR <u>R.A. Brauninger, Warrensburg, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>July 28, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Savannah C. Cretchfield</u>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed H. H. Bauninger

Licensed Embalmer No. 33

P. O. Address *Warrensburg*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.